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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE ACRE FAMILY CARE HOME	186 PINE ACRE LANE CLINTON, NC 28328

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments The Adult Care Licensure Section and the Sampson County Department of Social Services conducted an annual survey on December 12, 2014.	C 000		
C 034	10A NCAC 13G .0302(n) Design and Construction 10A NCAC 13G .0302 Design and Construction (n) The home shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: Based on observations, interviews, and record review, the facility failed to assure current sanitation and fire and safety inspection reports were completed and maintained in the home available for review. The findings are: Review of fire marshal inspections for the facility revealed: - A fire marshal's report was completed on July 31, 2012. -There were no subsequent fire marshal reports made available for review. Interview with the Administrator/Owner of the facility on 12/12/2014 at 10:00am revealed: -The Administrator/Owner did not really know the date the last fire marshal inspection was done but knew it had been done. -The Administrator/Owner did not know what was going on with the inspections for the facility. -The Administrator/Owner had been "in and out"	C 034		

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C 034	Continued From page 1	C 034		

of the facility in the last few months because of personal reasons.
-The Administrator/Owner's family member had mainly been handling the facility since April 2014.
-Fire marshal inspections were to be done yearly at the facility.
-The facility was responsible to call and schedule the yearly inspection.
-The Administrator/Owner knew the fire inspector had been called three times according to the SIC.
-The SIC started calling around May 2014 to get the fire inspection done.

Interview with the SIC on 12/12/2014 at 3:15pm revealed:
-The SIC had not called for the fire marshal inspector to come inspect the facility.
-The SIC was waiting for someone to come inspect the fire alarm system before calling the fire marshal's office because the fire alarm system was an old system and the fire marshal's office wanted the alarm system inspected by the fire alarm company before the fire marshal's inspection was completed.
-The SIC did not know why the fire marshal's inspection could not be done until the fire alarm system was inspected by a different company.

Interview with the Administrator/Owner on 12/12/2014 at 5:00pm revealed:
-The last documentation in the facility for the fire alarm system inspection and testing was May 3, 2012.
-The Administrator/Owner had always handled the scheduling of facility inspections until recently.

Observations of the facility on 12/12/2014 between 8:30am and 10:05am revealed:
-There was a clear plastic food wrapping under the unoccupied bed in bedroom #3.

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C 034	Continued From page 2 -There were vinyl gloves laying on the dresser in unoccupied bedroom #3. -There were vinyl gloves laying on the floor inside the closet in unoccupied bedroom #3. -The mattress on the bed closest to the entrance to the bathroom was sagging in the middle of the bed. -There were numerous white plastic bags filled with trash stacked against the left corner outside wall of the house. Review of the most recent sanitation report revealed: -The report was dated September 23, 2013. -The report documented demerits in beds, linen, furniture in good repair. Interview with the Administrator/Owner on 12/12/2014 at 9:50am revealed: -The facility was responsible to call and schedule the sanitation inspections. -Sanitation inspections were to be scheduled every year. -The facility had been calling to schedule the sanitation inspection and was told there was a shortage of sanitation inspectors. -The county Adult Home Specialist (AHS) was at the facility last week and also called about scheduling the sanitation inspection. Interview with the Supervisor-In-Charge (SIC) on 12/12/2014 at 9:55am revealed: -The SIC had been calling to schedule the sanitation inspection every week since the beginning of September 2014. -The SIC called the end of September 2014 and was told someone would try to get to the facility the following week, but no one ever showed up at the facility.	C 034		

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C 034	Continued From page 3 Interview with the county AHS on 12/12/2014 revealed 3:15pm revealed: -The AHS called on 12/4/2014 to try and schedule the sanitation inspection for the facility. -The AHS was told someone would try to come to the facility on 12/8/2014 or sometime during the week of 12/8/2014. -The AHS knew the department was behind in getting the sanitation inspection visits completed. Observation of the left back corner outside wall of the facility on 12/12/2014 at 4:30pm revealed the bags of trash had been loaded onto the bed of a pickup truck. The truck bed was completely full.	C 034		
C 103	10A NCAC 13G .0317 (b) Building Service Equipment 10A NCAC 13G .0317 Building Service Equipment (b) There shall be a central heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. Built-in electric heaters, if used, shall be installed or protected so as to avoid hazards to residents and room furnishings. Unvented fuel burning room heaters and portable electric heaters are prohibited. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure portable electric heaters were not used in the facility. The findings are: Observations upon entrance to the facility on 12/12/2014 at 8:30am revealed:	C 103		

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C 103	Continued From page 4 -A grayish color portable electric heater plugged into a hallway outlet. -A second portable wooden electric heater sitting on the floor in the living area. -The wooden portable electric heater was plugged into the wall outlet next to the sofa in the living area. -The wooden portable electric heater was blowing out warm air into the living area/dining area. -Resident #3 was standing at the end of the table in the dining area fully dressed and a fleece type blanket was draped in front of Resident #3. Observation of the portable electric heater in the hallway of the facility at 8:40am revealed: -The portable electric heater was on. -The portable electric heater blew out warm air. -The portable electric heater was facing the open doorway to the last bedroom on the left side of the hallway. -Resident #1 was lying in bed in the last bedroom on the left. -Resident #1 was fully dressed in a blouse, pants, and a jacket. -Resident #1's comforter bed covering was pulled up over the resident's body with only the resident's head and face exposed. Interview with Resident #1 on 12/12/2014 at 9:20am revealed: -Resident #1 was not cold. -Resident #1 got a little cold sometimes. -Resident #1 had not felt any heat coming from the floor vent next to the resident's bed. Interview with the Supervisor-In-Charge (SIC) on 12/12/2014 at 9:25am revealed: -The central heating unit was working. -The SIC had used the central heating unit on the night of 12/11/2014 and the facility was	C 103		

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"comfortable".
-The SIC turned the heating unit off in the mornings.
-The SIC used the portable electric heaters in the facility during the daytime.
-The SIC had been using the portable electric heaters in the facility.
-The SIC did not know portable electric heaters could not be used in the facility.

Interview with Resident #3 on 12/12/2014 at 9:40am revealed:
-Resident #3 was "cold all the time".
-Resident #3 was "alright" with the temperature in the facility.
-Resident #3 had felt heat coming from the floor vents in the facility.

Interview with the SIC on 12/12/2014 at 9:40am revealed:
-The SIC did not know what was going on with the central heating unit.
-The SIC would let the facility Owner/Administrator know concerning the heating at the facility.

Interview with the Owner/Administrator on 12/12/2014 at 9:45am revealed:
-The portable electric heaters were used in the facility during the daytime.
-The Owner/Administrator did not realize the portable electric heaters being used could not be used in the facility.
-The central heating system was a gas unit and must have just run out of gas.
-The Administrator/Owner would have gas delivered to the facility on 12/12/2014.
-The Administrator/Owner had not been told by anyone that the central heating unit was not working.

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C 103	Continued From page 6 Interview with the Administrator/Owner on 12/12/2014 at 2:45pm revealed the gas company had just delivered gas to the facility. Observation of the hallway thermostat on 12/12/2014 at intervals during the day revealed: -The temperature reading numbers on the thermostat were in increments of ten. -At 9:20am the temperature reading marker on the thermostat was just to the right of the 60 degree number (approximate reading of 62 degrees). -At 11:00am the temperature reading marker on the thermostat was just to the left of the 70 degree number (approximate reading of 68 degrees). -At 12:35pm the temperature reading marker on the thermostat was just to the right of the 60 degree number (approximate reading of 69 degrees). -At 4:40pm the temperature reading marker on the thermostat was at 70 degree number.	C 103		
C 246	10A NCAC 13G .0902(b) Health Care 10A NCAC 13G .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to assure referral and follow up for 2 of 3 sampled residents (Residents #2 and #3) with physician orders for follow up with the eye doctor (Resident #2) and referral to a psychiatrist (Resident #3).	C 246		

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C 246	Continued From page 7 The findings are: 1.Review of current FL-2 dated 10/15/2014 for Resident #2 revealed diagnoses included Mental Retardation, Insulin Dependent Diabetes Mellitus, Hypothyroidism, Hypertension, and Gout. Review of the Resident Register for Resident #2 revealed the resident was admitted to the facility on 12/3/2010. Record review of a Report of Health Services note for Resident #2 revealed: -Resident #2 was seen by the eye doctor on 02/05/2014 for eye examination. -Report note documents Diabetic Retinopathy both eyes with optional glasses change. -Order for Resident #2 to return to the eye doctor in 6 months. -No documentation of a 6 month follow up appointment with the eye doctor. Observation of Resident #2 on 12/12/2014 at 10:45am revealed: -Resident #2 was in the bedroom putting on shoes. -Resident #2 was wearing glasses. Interview with the Supervisor-In-Charge (SIC) on 12/12/2014 at 2:25pm revealed: -The SIC called the eye clinic the morning of 12/12/2014 after surveyor requested information on the follow up eye appointment and was told to call back in 3 weeks to schedule an eye appointment for Resident #2 since it was so close to February 2015 which was when Resident #2 was due back to see the eye doctor. -The SIC was not aware of the order for the 6 month follow up eye appointment. -The facility system for scheduling follow up	C 246		

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appointments was whoever took the resident to their original appointments was responsible to make the follow up appointment.
-The SIC thought one of the facility's owner had transported Resident #2 to the 02/05/2014 eye appointment.

Interview with a representative at the eye care clinic on 12/12/2014 at 2:30pm revealed:
-Resident #2 was seen at the clinic on 02/05/2014.
-The eye doctor wanted to see Resident #2 back in 6 months for follow up on the retinopathy.
-The facility had not made a request for a follow up appointment until someone from the facility called the eye clinic earlier on 12/12/2014 to make an appointment for the resident.

Interview with the Administrator on 12/12/2014 at 3:05 pm revealed:
-The Administrator and another family member/facility owner always handled medical appointments.
-The Administrator did not know Resident #2 had a physician's order for a 6 month follow up appointment with the eye doctor.
-The other family member/facility owner would have been responsible to make the follow up appointment for Resident #2.

The other family member/facility owner was not available for interview.

Interview with Resident #2 on 12/12/2014 at 3:00pm revealed:
-Resident #2 was transported to medical appointments by facility staff.
-Resident #2 did not remember when the last visit to the eye doctor had been.

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C 246	Continued From page 9 2. Review of current FL-2 dated 04/01/2014 for Resident #3 revealed diagnoses included Intermittent Depressive Disorder Moderate. Review of the Resident Register for Resident #3 revealed the resident was admitted to the facility on 04/19/2008. Record review of a Report of Health Services note dated 04/01/2014 for Resident #3 revealed: -Resident #3 was seen by the medical physician on 04/01/2014. -Report note documents "need refer back to psychiatrist due to behavioral changes." Review of record revealed no documentation that Resident #3 had been seen by a psychiatrist since the 04/01/2014 referral note. Interview with the Supervisor-In-Charge (SIC) on 12/12/2014 at 2:10pm revealed: -Resident #3 was having outburst only when Resident #3's family came to visit the resident at the facility. -The SIC remembered Resident #3 seeing the psychiatrist because the SIC remembered a medication change for the resident's Haldol. -The SIC did not think Resident #3 had been back to the psychiatrist since the 04/01/2014 medical physician visit. Telephone interview with a representative at the Psychiatrist office on 12/12/2014 at 2:20pm revealed: -Resident #3 was last seen by the Psychiatrist on 08/20/2013. -The Psychiatrist office records did not show the facility having called to schedule an appointment for Resident #3 since the August 20, 2013 appointment.	C 246		

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C 246	Continued From page 10 Interview with the Administrator on 12/12/2014 at 3:10pm revealed: -The Administrator remembered Resident #3 going to see the Psychiatrist. -Resident #3 was taken back to the Psychiatrist office but was not seen because paperwork needed to be completed by Resident #3 ' s family member. -The SIC at the facility had followed up to ensure another appointment was made for Resident #3. -The Administrator had not been able to be in the facility to make sure things were done because of a family illness. Random observations of Resident #3 on 12/12/2014 from 8:30am to 5:15pm revealed: -No behavioral outbursts observed. -Resident #3 sat quietly in the facility living area rocking in a rocking chair, watching television, and interacting appropriately with other residents and staff. Interviews with Resident #3 on 12/12/2014 at intervals from 8:30am to 5:15pm revealed Resident #3 spoke in a calm tone of voice. Resident #3 was not interviewed about medical appointments based on previous interview attempts.	C 246		
C 934	G.S.131D-4.5B (a) ACH Infection Prevention Requirements G.S. 131D-4.5B Adult Care Home Infection Prevention Requirements (a) By January 1, 2012, the Division of Health Service Regulation shall develop a mandatory,	C 934		

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C 934	Continued From page 11 annual in-service training program for adult care home medication aides on infection control, safe practices for injections and any other procedures during which bleeding typically occurs, and glucose monitoring. Each medication aide who successfully completes the in-service training program shall receive partial credit, in an amount determined by the Department, toward the continuing education requirements for adult care home medication aides established by the Commission pursuant to G.S. 131D-4.5 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to provide 2 of 2 staff members (Staff A and B) with the mandatory annual infection control training for more than one year. The findings are: 1. Review of Staff A's employee records revealed: -Position: Supervisor in Charge -Hire Date: 05/16/11 -Original Hire Date/Position: 07/08/09 / Personal Care Aide. -No documentation found for the completion of infection control training. Interview with Staff A on 12/12/2014 at 2:25pm revealed all trainings received were filed into Staff A's employee record. 2. Review of Staff B's employee records revealed: -Position: Owner/ Administrator/ Supervisor in	C 934		

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C 934	Continued From page 12 Charge -Hire Date: 1996. -The last documented Infection Control Training was 08/06/2005. Interview with Staff B on 12/12/2014 at 3:35pm revealed: -Trainings should be filed in employee records. -The trainings are done by the nurse	C 934		